



General Assembly

Substitute Bill No. 6545

January Session, 2013



**AN ACT CONCERNING DRUG PRIOR AUTHORIZATION FOR
MEDICAID RECIPIENTS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-491a of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective July 1, 2013*):

3 (a) The Commissioner of Social Services may require prior
4 authorization of any prescription for a drug covered under a medical
5 assistance program administered by the Department of Social Services,
6 including an over-the-counter drug. The authorization for a brand
7 name drug product shall be valid for one year from the date the
8 prescription is first filled. The Commissioner of Social Services shall
9 establish a procedure by which prior authorization under this
10 subsection shall be obtained from an independent pharmacy
11 consultant acting on behalf of the Department of Social Services, under
12 an administrative services only contract.

13 (b) When prior authorization is required for coverage of a
14 prescription drug under a medical assistance program administered by
15 the Department of Social Services and a pharmacist is unable to obtain
16 the prescribing physician's authorization at the time the prescription is
17 presented to be filled, the pharmacist shall dispense a one-time
18 fourteen-day supply. The commissioner shall process a prior

19 authorization request from a physician or pharmacist not later than
20 two hours after the commissioner's receipt of the request. If prior
21 authorization is not granted or denied within two hours of receipt by
22 the commissioner of the request for prior authorization, it shall be
23 deemed granted.

24 (c) The Commissioner of Social Services, not later than October 1,
25 2012, shall issue a flier to pharmacies for distribution to Medicaid
26 recipients who receive such one-time prescription supplies in the
27 absence of prior prescription authorization. The flier shall notify
28 recipients that (1) prior authorization is required for the prescription to
29 be fully filled, (2) the fourteen-day supply is a one-time supply, and (3)
30 recipients must contact the prescriber to arrange for prior
31 authorization of a full prescription. The commissioner shall require
32 pharmacists who receive Medicaid reimbursements for prescriptions
33 to provide said flier to such Medicaid recipients and to ensure that
34 Medicaid recipients acknowledge receipt of said flier in writing.

35 (d) Notwithstanding the provisions of section 17b-262 and any
36 regulation adopted thereunder, on or after July 1, 2000, the
37 Commissioner of Social Services may establish a schedule of maximum
38 quantities of oral dosage units permitted to be dispensed at one time
39 for prescriptions covered under a medical assistance program
40 administered by the Department of Social Services, including
41 prescriptions for over-the-counter drugs, based on a review of
42 utilization patterns.

43 (e) A schedule established pursuant to subsection (d) of this section
44 and, on and after July 1, 2005, any revisions thereto, shall be submitted
45 to the joint standing committees of the General Assembly having
46 cognizance of matters relating to public health, human services and
47 appropriations and the budgets of state agencies. [Within] Not later
48 than sixty days [of] after receipt of such a schedule or revisions thereto,
49 said joint standing committees of the General Assembly shall approve
50 or deny the schedule or any revisions thereto and advise the
51 commissioner of their approval or denial of the schedule or any

52 revisions thereto. The schedule or any revisions thereto shall be
53 deemed approved unless all committees vote to reject such schedule or
54 revisions thereto [within] not later than sixty days [of] after receipt of
55 such schedule or revisions thereto.

56 Sec. 2. (NEW) (*Effective July 1, 2013*) (a) The Commissioner of Social
57 Services may establish a step therapy program for prescription drugs
58 in the Medicaid program. The commissioner may condition payment
59 for such drugs on a requirement that the drug be prescribed from the
60 preferred drug list established pursuant to section 17b-274d of the
61 general statutes prior to any other drug, provided any step therapy
62 program shall: (1) Require that the patient try and fail on only one
63 medication on the preferred drug list before another drug can be
64 prescribed and eligible for payment; (2) not apply to any mental
65 health-related drugs; (3) not apply to a drug generally prescribed for a
66 condition treated on an ongoing basis, either with continuous
67 medication or a medication taken as needed by a beneficiary who has
68 filled a prescription for the same drug within the preceding one
69 hundred eighty days; and (4) require that the prescribing physician,
70 when medications for the treatment of any medical condition are
71 restricted due to the step therapy program, have access to a clear and
72 convenient process to expeditiously request an override of such
73 restriction from the Department of Social Services. An override of such
74 restriction shall be expeditiously granted whenever the prescribing
75 physician can demonstrate that: (A) The preferred treatment required
76 under step therapy has been ineffective in the treatment of the patient's
77 medical condition in the past; (B) the drug regimen required under the
78 step therapy program is expected to be ineffective based on the known
79 relevant physical or mental characteristics of the patient and the
80 known characteristics of the drug regimen; (C) the preferred treatment
81 required under the step therapy program will cause or will likely cause
82 an adverse reaction or other physical harm to the patient; and (D) it is
83 in the best interest of the patient to provide the recommended therapy
84 or drug based on medical necessity.

85 (b) The duration of any step therapy program requirement shall not
86 be longer than a period of seven days, after which time the prescribing
87 physician may deem such treatment as clinically ineffective for the
88 patient. When the prescribing physician deems the treatment to be
89 clinically ineffective, the drug prescribed and recommended by the
90 physician shall be dispensed and covered under the Medicaid
91 program.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2013</i>	17b-491a
Sec. 2	<i>July 1, 2013</i>	New section

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Sec. 2	<i>July 1, 2013</i>	New section

HS

Joint Favorable Subst. C/R

APP